

FILED JAN 13 1951
#1089

STANDARD CERTIFICATE OF DEATH

42557
11200
State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY 2209			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
c. LENGTH OF STAY (in this place) 0				d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) MCKINNON c. (Last) 2411 N 25 St.				4. DATE OF DEATH (Month) (Day) (Year) December 26th, 1950			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH 3-15-1874	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		11. BIRTHPLACE (State or foreign country) St. Louis Mo 0		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Loretta Lefers			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Cardio-Vascular Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221			
22. I hereby certify that I attended the deceased from 12/7/50 to 12/26/50 , 19____, that I last saw the deceased alive on 12/26/50 , 19____, and that death occurred at 9:50pm , from the causes and on the date stated above.							
23a. SIGNATURE R. F. Hueb J. M. D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 12/27/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-30-50		24c. NAME OF CEMETERY OR CREMATORY Bethaney Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Co	
DATE REC'D BY LOCAL REG. DEC 29 1950		REGISTRAR'S SIGNATURE J. B. Larater		25. FUNERAL DIRECTOR'S SIGNATURE Goodhart & Goodhart			
				ADDRESS 2228 St. Louis Av			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4108

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.